## **ARIZONA FORM** 204

## Application For Filing Extension (Individual and Fiduciary Returns Only) Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

For calenda	year 1998 or fiscal year beginning	, <b>19</b>	and ending		19	AZ 03030-7002		66	
First name and initial - If joint return also give spouse's name & initial   Last name   Last name						Your social sec	urity number		
						l rour social sec	unity mumber	1	
Present home address - number and street, including apartment numb		per or rural rout	r or rural route F		t. No.	Spouse's social	security nur	mber	
2							-		
City, town or post office State			ZIP code			For DOR (	use only	•	
3									
Type of	Check only one:	. —	_						
Return	Resident Personal Income Tax Forms: 140	TC L							
	Part-Year Personal Income Tax Form 140PY Nonresident Personal Income Tax Form 140NR								
		<b>≀</b> Ш							
	Arizona Fiduciary Income Tax Form 141			———I	88				
Type of Extension	Check only one:	a data Arramal	1/ 1000						
EXICIISION	Automatic 4-month extension. Return due	, ,							
	(Or if a fiscal year, to, 19) for the tax year ending, 19)  Additional 2-month extension. Return due date October 15, 1999								
	(Or if a fiscal year, to, 19, fo			[[	81				
	AN ARIZONA EXTENSION CANNOT BE GRANTED FOR MORE THAN SIX MONTHS BEYOND THE ORIGINAL DUE DATE OF T RETURN. ARIZONA WILL ACCEPT A VALID FEDERAL EXTENSION FOR THE PERIOD COVERED BY THE FEDERAL EXTENS								
Taxes	RETURN. ARIZONA WILL ACCEPT A VALID	FEDERAL E	ATENSION FOR T	HE PERIOL	COVER	KED DI INE FEDEKA	L EXTENS	oioiv.	
Owed	1 Tax liability for 1998. You may estimate this a	amount			<u></u>		1	00	
_	2 Arizona income tax withheld during 1998					00			
See	3 Arizona estimated tax payments for 1998								
instructions on back	4 Payments made with previous extension requ								
UII DACK	5 Credits you will claim on your 1998 return. Se								
	6 Add lines 2 through 5						6	00	
Attach	7 Balance of tax (line 1 less line 6)						7	00	
	8 Payment Enclosed. Enter the amount of pays	ment enciose	<i>a</i>			·····	8	00	
	YOU WILL BE LIABLE FOR THE EXTENSION UNDERPAYMENT PENALTY IF AT LEAST 90 PERCENT OF YOUR TAX LIABILITY DISCLO YOUR RETURN HAS NOT BEEN PAID BY THE ORIGINAL DUE DATE OF THE RETURN OR IF YOU DO NOT ATTACH A COPY EXTENSION WHEN YOU FILE YOUR RETURN. INTEREST ACCRUES ON ANY ADDITIONAL TAX DUE FROM THE ORIGINAL DUE DATE RETURN UNTIL PAID.								
	RETURN UNTIL PAID.								
o "	9 If you were previously granted an extension of	of time to file t	for this tay year ich	ack this hav	,		9	YES	
Questions	If yes, enter date your extension was granted		Ionth	Day	\	Year	7	ILJ	
	If yes, state reasons below why additional extension is needed:								
	Make Checks Payable To: Arizona Department of Revenue								
	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and bel								
	they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Your signature Date					pation			
Please									
Sign	Spouse's signature			Date	Spouse's occupation				
Here									
Paid	Preparer's signature			Firm's nam	irm's name (preparer's if self-employed)				
Preparer's									
Information	Preparer's TIN	Date	Preparer's address						